

SECTION A -- IDENTIFICATION										FORM CD-370 (11-85) DAO 204-1			U.S. DEPARTMENT OF COMMERCE		
SOCIAL SECURITY NUMBER			NAME (Last) (First) (Middle Initial)							TRAVEL VOUCHER					
BUREAU CODE	CD-29 TRAVEL ORDER		DATES FOR TRAVEL EXPENSES				TYPE CODE <small>(Indicate one type only) 1- DOMESTIC TRAVEL - 48 2- FOREIGN TRAVEL 3- TRANSFER-HOUSEHUNT 4- TRANSFER-OTHER 6- DOMESTIC TR-OTHER</small>	RECLAIM AMT INCLUDED							
	PURPOSE CODE		MO.	FROM DAY	YEAR	MO.			THRU DAY						
ORGANIZATION				OFFICIAL DUTY STATION (City and State)				RESIDENT CITY AND STATE (If other than Official Duty Station)							
SECTION B -- TRANSPORTATION COSTS BILLED DIRECTLY TO GOVERNMENT															
GTR NUMBER		AMOUNT		VENDOR		NO. TRAVELERS	GTR. CLASS	EXPLANATION OF TRAVEL FROM TO							
1.		\$													
2.															
3.															
4.															
TOTAL--SECTION B		\$		IMPORTANT: ATTACH UNUSED TICKETS TO FRONT OF VOUCHER											
SECTION C -- ACCOUNTING CLASSIFICATION CODE										CLAIM AMOUNT					
DISTRIBUTE TOTAL CLAIM AMOUNT FROM SECTION D TO THE APPLICABLE ACCOUNTING CLASSIFICATION CODE(S) AS INDICATED ON THE TRAVEL ORDER		1.								\$					
		2.													
		3.													
		4.													
		5.													
		6.													
		7.													
		8.													
TOTAL CLAIM AMOUNT (THIS AMOUNT MUST AGREE WITH BLOCK 11)										\$					
SECTION E -- CERTIFICATIONS															
FRAUDULENT CLAIM - Falsification of an item in an expense account works a forfeiture of the claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; id. 1001).															
THE REMAINING TRAVEL ADVANCE BALANCE SHALL BE PAID WITH THIS VOUCHER UNLESS OFFICIAL TRAVEL IS SCHEDULED WITHIN THE NEXT 30 DAYS AND THE AMOUNT OUTSTANDING IS COMMENSURATE WITH THE TRAVEL TO BE PERFORMED.															
CLAIMANT'S RESPONSIBILITIES AND SIGNATURE															
I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7). I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.							CLAIMANT'S SIGNATURE								
							DATE		PHONE (Area code and number)		FTS	COMM			
PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 101-7). The information contained in this form used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.															
APPROVING OFFICERS' RESPONSIBILITIES AND SIGNATURE															
In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only. (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage. (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. NOTE: To approve long distance phone calls, approving officer must have written authorization from Bureau Head or his designee (31 U.S.C. 1348(b)). (4) Retention of the remaining advance balance is necessary for official travel which is scheduled to begin within the next 30 days.							APPROVING OFFICER'S SIGNATURE								
							NAME AND TITLE (Type or print)								
							DATE		PHONE (Area code and number)		FTS	COMM			
<input type="checkbox"/> CD-29 ATTACHED <input type="checkbox"/> CD-29 SUBMITTED WITH PREVIOUS VOUCHER															

TRAVELER'S NAME			Schedule of Expenses and Amounts Claimed																				
DATES ➤			MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	MO.	DAY	TOTALS
I T I N E R A R Y	F R O M	CITY AND STATE																					TRANSFER THESE TOTALS TO SECTION D ON VOUCHER FRONT. IF ADDITIONAL DAYS ARE REQUIRED, USE CONTINUATION SHEET (FORM CD-370a)
		TIME (AM or PM)																					
		CARRIER																					
		FLIGHT NUMBER																					
	T O	CITY AND STATE																					
TIME (AM or PM)																							
1 P E R D I E M	PER DIEM DAYS																						1. TOTAL NO. DAYS
	LODGING AMOUNT																						
	COMPUTATION		TOTAL LODGING COST		LODGING NIGHTS		AVERAGE COST		ROUND TO NEXT \$		FIXED RATE		PER DIEM RATE		PER DIEM DAYS		TOTAL PER DIEM		LESS MEALS FURNISHED BY GOVERNMENT				
2 P O V	MILEAGE																						2. TOTAL NO. MILES
	CENTS PER MILE																						TOTAL MILEAGE AMT.
	AMOUNT																						\$
3 O T H E R T R A V E L	PARKING, TOLLS, ETC.																						3. TOTAL OTHER TRAVEL
	STORAGE OF HOUSEHOLD GOODS		TOTAL WEIGHT OF GOODS				ACTUAL CHARGES		\$		COMMUTED RATE		\$		CLAIM LESSER AMOUNT						\$		
4 CAR RENTAL (Receipt and Car Rental Agreement Required)																							4. TOTAL CAR RENTAL
																							\$
5 C O M M O N C A R R I E R	PLANE, BUS, TRAIN (Paid by Traveler)		AMOUNT (Receipt Required)																				
	TAXI, LIMO, LOCAL BUS, SUBWAY		NO. TRIPS																				
			DAILY EXPENSE																				5. TOTAL COMMON CARRIER
TRANSPORTATION OF HOUSEHOLD GOODS--PAID BY TRAVELER (Weight Cert. or Bill of Lading Required)			TOTAL WEIGHT OF GOODS SHIPPED		x \$		COMMUTED RATE		= \$		TOTAL		+		ADDITIONAL ALLOWANCES		= \$		TOTAL TRANSPORTATION OF HOUSEHOLD GOODS				\$
6 S U B S I S T E N C E	BREAKFAST (Include Tips)																						
	LUNCH (Include Tips)																						
	DINNER (Include Tips)																						
	LODGING (Receipt Required)																						
	TIPS (Porter, etc.)																						6. TOTAL NO. DAYS
	OTHER (Laundry, etc.)																						
	TOTAL (Cannot exceed amount authorized for area. See DOC Travel Handbook.)																						\$
7. MISCELLANEOUS EXPENSES (Supplies, Telephone, etc.)																							7. TOTAL MISC.
																							\$
REMARKS/EXPLANATION/CERTIFICATION STATEMENTS																							

TOTALS

Enter the totals from any additional
CD-370a forms that were completed.
These totals will be added to the first
page of the CD-370 Section D.

(FORM CD-370a)

1. TOTAL NO. DAYS	5. TOTAL COMMON CARRIER
TOTAL PER DIEM CLAIM	6. TOTAL NO. DAYS
\$	
2. TOTAL NO. MILES	TOTAL ACTUAL SUBSISTENCE
TOTAL MILEAGE AMT.	
\$	\$
3. TOTAL OTHER TRAVEL	7. TOTAL MISC.
\$	\$
4. TOTAL CAR RENTAL	
\$	